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An

Inaugural dissertation on Catarrhus Epidemicus, by Henry J. Macon of Georgia

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# Introduction

In a work like the present, and at this period of our times, much originality, cannot be expected, particularly from those, who are about to commence upon the "Great Stage of Action"; and whatever is written, as an Inaugural address, should not contain speculative views.

I shall deliver a few remarks upon the Catarrhus Epidemicus or Influenza, which prevailed during the winter of 1825; although my views of the subject, are limited, yet, they may contain some interesting knowledge to the inexperienced. Considering the wide scope, which this disease took, I am induced to believe that it cannot be misunderstood by the experienced practitioner.

The above remarks, are not made with a belief, that Medicine

has arrived to the acme of knowledge, or that mankind, is now, at the Zenith of perfection. but a belief was entertained, that it required experience and observation for the advancement of such idea's.

Impressed with this belief I submit the following dissertation to the views of those, who will judge according to the merits thereof.

Should I, in the following remarks, differ from your views, it is with a conscientious belief which has thus impressed me, but, am open to conviction, and will grasp the truth with an egger desire

# Catarrhus Epidemicus

This disease, according to Dr. Cullen, is divided into Ordinary Catarrh and Extraordinary Catarrh, or Catarrhus Epidemicus or Influenza. It is said to have existed 2500 years ago; Hippocrates in the days of Pathagoras mentions its prevalence in the island of Cos, who ascribed it to the interposition of the Deity.

For the last three centuries the physicians of Europe have noticed its occurence. It appeared in 1510. in 1580, 1587. 1591, 1675, 1709. 1732, 1743, 1762, 1767, 1775, 1781. and 1782: In the last accounts of it, which was in 1782, it originated in China travelled through Asia, to Europe, and crossing the Atlantic has since been travelling through America.

Catarrh is also spoken of by Galen, but it was not noticed by Celsus, owing perhaps, to the changing the word Catarrh by

the late Greek writers, into Catastagmus.

It attacks the mucous membrane of the Fauces, often extending to the Bronchia and Frontal Sinuses. Schneider and Hoffman extends it to inflammation of all the mucous glands.

It attacks principally the healthy and robust; children and old persons either escape entirely, or are affected in a slight degree. It sometimes attacks pregnant women, and persons disposed to pulmonic complaint. Dr. Good says that the attack commences in every season of the year; and in every state of the barometer, thermometer, and hygrometer, so far as this is correct I am unable to say, however it never occurs with us in the warm seasons.

We know not in what country it first originated; Dr. Cullen who traced it

from the fourteenth century says "In all these instances the phaenomena have been much the same, and the disease has been particularly remarkable in this, that it has been the most widely spreading Epi=demic known. It has seldom appeared in any one country in Europe, without ap=pearing successively in every other part of it."

Remote Cause - This may be considered as an improper union of the elementary principles of the atmosphere, or in some foreign body accidently introduced into the atmosphere, which is called - Miasm.

Some Authors suppose it to arise from personal contagion; "the first says Dr Hamilton describing the Influenza of 1782 "who were seized with it at Norwich were two men lately arrived from London

when it then continued to rage, they spread it over the place." I might quote other authors on this point, but consider it entirely useless, as it is now well established in the United States that it prevails as an Epidemic.

To the establishment of this fact, the universal attack which it made (though in a mild form) on the Medical Class, the winter of 1825 & 26. Certain it is, that it proceeds from atmospheric taint, but I know not how that taint is propagated. Dr Good in his theory of Medicine says "that the Catarrh now before us (speaking of Influenza) possesses not only an epidemic character, but is dependant on atmospheric influence, is established, by such a cloud of well known proofs, that it is hardly worth while to give examples - Of a dozen persons" says he, "in perfect health in the same room, ten have often been ~~affected~~ attacked at the same time

If we allow its materies to depend upon specific Miasm floating in the atmosphere, we can only account for its preserving its agency so long, and operating in such distant theatres, by supposing that its particles are hard to be decomposed in the air. Some specific Miasms seem to loose their power much earlier than others, and spread their effects through confined apartments; others retain their strength in a much purer air, already saturated, with other foreign elements.

The proximate cause is as I have stated, an inflammation of the mucous membrane of the Fauces, often extending to the Bronchia and Frontal Sinuses. The Stomach also undergoes a sympathetical affection, producing all the appearances of an Autumnal Bilious Fever

This appearance of symptoms induced me to believe the seat of the disease to originate in the Stomach but not having an opportunity of making post Mortem examinations, and finding so little satisfaction from authors on that subject I am compelled to make its seat as before mentioned, yet I cannot help believing that the mucous lining of the Stomach to be greatly involved. I might here add that the proximate cause is only known as the disease itself, or the effects produced by the action of the remote cause. Symptoms. Great languor, lowness and oppression around the region of the Heart, anxiety with frequent sighing — sickness, and intense headache, with a quick and irregular pulse, and sometimes delirium at night. The Skin is moist, but sometimes

dry and parched, the tongue white and furred. In the first stage there is a sense of fulness about the head and of weight over the eyes, which are inflamed and watery – the nostrils are stopped up, and when discharge comes it is acrimonious, and excoriates – frequent sneezing, the voice hoarse, the fauces sore, and lungs burthened, with a difficult respiration, and a dry hacking cough. Pain about the Scapula and in the Deltoid muscle.

I have also remarked that the cheeks are flushed once in twenty four hours.

The disease continuing in this way for a few days, if not arrested the attack becomes more insidious affecting the Alimentary canal with fainting & vomiting – The patient is restless with

with watching, or lies in a comatose state, perfectly insensible, the feet and hands become cold, the pupil of the eye dilated, frequent breathing, with paroxysms of coughing till the patient is entirely exhausted and finally is matched off by the hand of - Death.

Diagnosis. The only disease which this may be confounded with is the common "Bilious Fever" and from its assuming in a great measure the aspect of it, is called by the common people the Bilious Influenza. The time of the year and some of the symptoms of Influenza, are not concomitants of Bilious Fever.

Prognosis. We may easily tell the results by the mildness or severity of the attack. It sometimes is short in its attack, not allowing time to prognosticate, sweeping

the patient off in twenty four hours.

A friend of mine, informed me that he was called to a patient, labouring under Influenza, and in the same room was a negroe woman, a nurse, apparently in good health, on his return the next day he found the negroe woman a corpse, who had evidently in the 24 hours had, and died, with the same symptoms his patient was then labouring under. Treatment. The first indication, is to reduce vascular action- This may be done by blood letting, which must be copious, but we should be guided by the symptoms, as regards the repetition- I mentioned that the cheeks are often flushed, when this is the case blood letting should be carried to a great extent, untill we reduce the action of the blood vessels. In fact in almost all cases

bloodletting should be resorted to whenever the pulse will admit sometimes the pulse in the first stage is small, tense, and corded, which should not deter us from a small bleeding; which will often bring about a revolution in the disease. Dr Chapman in his lectures on Typhus Fever, says that sometimes the pulse is so weak as to almost forbid the use of the Lancet, but says he we should not be deterred from the use of it. This I considered as indirect debility, and was induced to pursue the same course which acted as above stated - The next thing is to give an Emetic; this will often deliver the stomach from a considerable burthen, discharging it, of its contents; the Tartarized Antimony I prefer, given in doses from two to six grains this is beneficial not only in evacuating the stomach, ~~for~~ but by acting on the

Capillaries, and producing a slight di=
=aphoresis.— I next resort to a small dose
of Calomel, about eight grains, followed
by a dose of Magnesia or oil to discharge
the Intestinal Canal, and to leave the
system in a perfectly susceptible state.

By this time the patient being complete=
=ly evacuated, I commence upon the diapho=
=retic plan, which is done by the Sedilivium
at night, followed by small doses of Dovers
powder, about eight grains. The Acetate of
Ammonia, I have found to be the best dia=
=phoretic, given every hour or two in doses of
a table spoonful; sometimes the debility
is so great as to require a slight stimulus,
in such cases the Polygala Senega is to be
preferred, which would raise the system a
little, and then act as a diaphoretic— At
this time should the patient complain of

of costiveness or the least griping an Enema should be given, such as the Oleum Olivarum, or a table spoonful of common Salt, a table spoonful of Hogs Lard, and a table spoon-ful of common brown Sugar, to one pint of warm water this is a mild enema, and one which is always at hand in country practice, if there should be any pain or uneasiness about the Praecordia a blister should be applied - The symp-toms still continue urgid, and a plethora remains, I would institute cupping and leeching in the place of Venaesection; when there is great restlessness at night an anodyne should be given, a combination of Opium and Camphor answers exceedingly well.

When there is great subsequent debility we may use the Peruvian Bark; if there should remain a cough (which frequently does) the

common cough mixture, or an ounce of Laudanum mixed with half an ounce of Spirits Turpentine twenty drops three or four times a day be given. Drinks- There should be mucilaginous, such as Barley water, but the best is Flax seed Tea, which is a good expectorant. Acid drinks are also beneficial, particularly lemonade, which will produce a moisture on the skin. Spirituous liquors should be strictly forbidden, or any drink which would prove stimulating. Diet. I shall only say this should be light and antiphlogistic.

To prevent a return of the disease, the patient should be kept warm, wearing flannel next his skin, he should not be exposed to a humid atmosphere, or vicissitudes of the weather.

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